Doptelet® (avatrombopag)
(Oral)

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I. Length of Authorization

Thrombocytopenia in patients with chronic liver disease

- Coverage is provided for 1 month and may not be renewed.

Chronic immune (idiopathic) thrombocytopenia (ITP)

- Initial coverage will be provided for 6 months and may be renewed every 12 months thereafter.

All other indications §

- Initial coverage will be provided for 6 months and may be renewed every 12 months thereafter.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Doptelet 20 mg tablets: 3 tablets per day

B. Max Units (per dose and over time) [HCPCS Unit]:

Thrombocytopenia in patients with chronic liver disease

- 60 mg daily

Chronic ITP

- 40 mg daily

III. Initial Approval Criteria

Coverage is provided in the following conditions:

- ONE the following:
  - The patient has a diagnosis of chronic (defined as lasting for at least 12 months) immune (idiopathic) thrombocytopenia (ITP) AND BOTH of the following
    - ONE of the following:
      - The patient has a platelet count less than or equal to 30 X 10^9/L; **OR**

- The patient has a platelet count greater than 30 X 10^9/L but less than 50 X 10^9/L AND has symptomatic bleeding and/or an increased risk for bleeding; **AND**

  - ONE of the following:
    - The patient has tried and had an inadequate response to ONE corticosteroid used for the treatment of ITP; **OR**
    - The patient has an intolerance or hypersensitivity to ONE corticosteroid used for the treatment of ITP; **OR**
    - The patient has an FDA labeled contraindication to ALL corticosteroids used for the treatment of ITP; **OR**
    - The patient has tried and had an inadequate response to another thrombopoietin receptor agonist (e.g., Nplate, Promacta) or Tavalisse; **OR**
    - The patient has tried and had an inadequate response to immunoglobulins (IVIg or Anti-D); **OR**
    - The patient has had an inadequate response to a splenectomy; **OR**
    - The patient has tried and had an inadequate response to rituximab; **OR**
- The patient has a diagnosis of thrombocytopenia and has chronic liver disease AND ALL of the following:
  - The patient has a platelet count less than 50 X 10^9/L; **AND**
  - The patient is scheduled to undergo a procedure with an associated risk of bleeding (e.g., gastrointestinal endoscopy, liver biopsy, bronchoscopy, dental procedure); **AND**
  - The patient would require a platelet transfusion unless platelet counts are clinically increased from baseline (prior to therapy with the requested agent); **OR**
- The patient has another FDA approved indication for the requested agent **§**; **OR**
- The patient has another indication supported in compendia**** for the requested agent **§**; **AND**

- If the patient has an FDA approved indication, ONE of the following:
  - The patient's age is within FDA labeling for the requested indication for the requested agent; **OR**
  - The prescriber has provided information in support of using the requested agent for the patient's age for the requested indication; **AND**
- The patient will NOT use the requested agent in combination with another agent included in this program (i.e., lusutrombopag, romiplostim, eltrombopag, or fostamatinib disodium hexahydrate); **AND**
- The patient does NOT have any FDA labeled contraindications to the requested agent

***Compendia Allowed:** AHFS, or DrugDex 1 or 2a level of evidence NCCN 1 or 2a recommended use*

IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- The patient has been previously approved for the requested agent through the plan's Prior Authorization process; **AND**
- ONE of the following:
  - Treatment of thrombocytopenia with chronic liver disease should always be reviewed under initial criteria; **OR**
  - The patient has a diagnosis of immune (idiopathic) thrombocytopenia (ITP) AND ONE of the following:
    - The patient's platelet count is greater than or equal to 50 x 10^9/L; **OR**
    - The patient's platelet count has increased sufficiently to avoid clinically significant bleeding; **OR**
  - The patient has another indication for the requested agent AND has shown clinical improvement (i.e., decreased symptom severity and/or frequency); **AND**
- The patient will NOT use the requested agent in combination with another agent included in this program (i.e., lusutrombopag, romiplostim, eltrombopag, or fostamatinib disodium hexahydrate); **AND**
- The patient does NOT have any FDA labeled contraindications to the requested agent

V. Dosage/Administration

<table>
<tr><th>Indication</th><th>Dose</th></tr>
<tr><td>Thrombocytopenia in patients with chronic liver disease</td><td>
• Begin Doptelet 10-13 days prior to scheduled procedure.
• Patients should undergo their procedure within 5-8 days after the last dose.
Take Doptelet orally once daily, with food, for 5 consecutive days (dose is based on platelet count.
<table>
<tr><th>Platelet Count (x10^9/L)</th><th>Once Daily Dose</th><th>Duration</th></tr>
<tr><td>Less than 40</td><td>60 mg (3 tablets)</td><td>5 days</td></tr>
<tr><td>40 to less than 50</td><td>40 mg (2 tablets)</td><td>5 days</td></tr>
</table>
</td></tr>
<tr><td>Chronic ITP</td><td>
• Initial Dose Regimen: Begin Doptelet at a starting dose of 20 mg (1 tablet) orally once daily with food.
• Monitoring: After initiating therapy, assess platelet counts weekly until a stable platelet count ≥ 50 x10^9/L has been achieved, and then obtain platelet counts monthly thereafter. Obtain platelet counts weekly for at least 4 weeks following discontinuation of therapy.
• Dose Adjustments: Based on platelet count response.
<table>
<tr><th>Platelet Count (x10^9/L)</th><th>Dose Adjustment or Action</th></tr>
<tr><td>< 50 after at least 2 weeks of therapy</td><td>– Increase One Dose Level per table below.
– Wait 2 weeks to assess the effects of this regimen and any subsequent dose adjustments.</td></tr>
</table>
</td></tr>
</table>

Between 200 and 400	– Decrease *One Dose Level* per table below. – Wait 2 weeks to assess the effects of this regimen and any subsequent dose adjustments.
> 400	– Stop Doptelet. – Increase platelet monitoring to twice weekly. – When platelet count is less than 150 x10^9/L, decrease *One Dose Level* per table below and reinitiate therapy.
< 50 after 4 weeks of therapy at 40 mg once daily	– Discontinue DOPTELET.
> 400 after 2 weeks of therapy at 20 mg weekly	– Discontinue DOPTELET.

- Dose Level Titration Table

Dose	Dose Level
40 mg once daily	6
40 mg three times weekly AND 20 mg on the four remaining days of each week	5
20 mg once daily*	4
20 mg three times weekly	3
20 mg twice weekly OR 40 mg once weekly	2
20 mg once weekly	1
**Initial dose regimen for all patients except those taking Moderate or Strong Dual Inducers or Moderate or Strong Dual Inhibitors of CYP2C9 and CYP3A4.*	

VI. Billing Code/Availability Information

HCPCS code:

- J8499 – Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified

NDC:

- Doptelet 20 mg tablets in blister-cards: 71369-0020-xx

VII. References

1. Doptelet [package insert]. Durham, NC; AkaRx, Inc; July 2021. Accessed January 2023.
2. American Society of Anesthesiologists Task Force on Perioperative Blood Management. Practice guidelines for perioperative blood management: an updated report by the American Society of Anesthesiologists Task Force on Perioperative Blood Management*.Anesthesiology. 2015 Feb;122(2):241-75.
3. Argo CK, Balogun RA. Blood products, volume control, and renal support in the coagulopathy of liver disease. Clin Liver Dis. 2009;13(1):73.
4. Neunert C, Terrell DR, Arnold DM, et al. American Society of Hematology 2019 guidelines for immune thrombocytopenia. Blood Adv. 2019 Dec 10;3(23):3829-3866.
5. Jurczak W, Chojnowski K, Mayer J, et al. Phase 3 randomised study of avatrombopag, a novel thrombopoietin receptor agonist for the treatment of chronic immune thrombocytopenia. Br J Haematol. 2018;183(3):479-490. doi: 10.1111/bjh.15573.

6. Terrault N, Chen YC, Izumi N, et al. Avatrombopag before procedures reduces need for platelet transfusion in patients with chronic liver disease and thrombocytopenia [published online May 17, 2018]. Gastroenterology. 2018 Sep;155(3):705-718. doi: 10.1053/j.gastro.2018.05.025.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
D69.59	Other secondary thrombocytopenia
D69.3	Immune thrombocytopenic purpura
D69.6	Thrombocytopenia, unspecified

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC